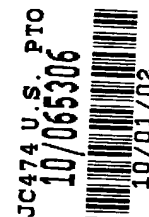


Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 18495
Application ID: 10065306
Title of Invention: ELECTROENCEPHALOGRAM
ACQUISITION UNIT AND SYSTEM
First Named Inventor: Kenneth JORDAN
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-10-01
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 13436-1
Digital Certificate Holder: cn=Robert Rose, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: i3OYsFQ7sAoWcpEanusdIA==
Total Fees Authorized: \$740.0
Payment Category: DA - Deposit Account
Deposit Account Number: 192090
Deposit Account Name: Robert J. Rose





TRANSMITTAL FORM

Electronic Version 1.0.3

Stylesheet Version: 1.0

Submission Type: Utility Patent
Filing

Attorney Docket
Number:

13436-
1

ELECTROENCEPHALOGRAM ACQUISITION UNIT AND SYSTEM

First Named Inventor: Kenneth George JORDAN

SUBMITTED BY

Name:	Robert J. ROSE
Registration Number:	47,037
Electronic Signature Mark: /robertjrose/	Date Signed: 20021001

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration	Declaration_1.tif
declaration	Declaration_2.tif
bibd-transmittal	13436-1apds.xml
fee-transmittal	13436-1fee.xml

specification

Application.xml

Attached Image File(s):

Declaration_1.tif

Declaration_2.tif

Comments:

The Declaration is a copy of the declaration filed in the parent case.

01/05/2001 16:01 909-580-1458

NEURO DIAGNOSTICS

PAGE

Express Mail EL5494

Please type a plus sign (+) inside this box → ☐

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0851-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)))	Attorney Docket Number	#13436
	First Named Inventor	JORDAN, Kenneth G.
	COMPLETE IF KNOWN	
	Application Number	/
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Method and Apparatus for Electroencephalography

the specification of which (Title of the Invention)

☒ is attached hereto
 OR
☐ was filed on (MM/DD/YYYY) _____ as United States Application Number or PCT International Application Number _____ and was amended on (MM/DD/YYYY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 385(b) of any foreign application(s) for patent or inventor's certificate, or 385(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application	Foreign Filing Date	Priority	Certified Copy Attached?	
			YES	NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
60/175,191	January 10, 2000
60/175,192	January 10, 2000
60/175,193	January 10, 2000

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

01/05/2001 16:01 989-588-1458

NEURO DIAGNOSTICS

PAGE

Express Mail EL549

Please type a plus sign (+) inside this box → ☒

PTO/SB/01 (10-0)

Approved for use through 10/31/2002. OMB 0651-002

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number or Bar Code Label		23676		OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
Address					
City			State		ZIP
Country		Telephone			Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>					
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>Kenneth George</i>			Family Name or Surname <i>JORDAN</i>		
Inventor's Signature <i>Kenneth G. Jordan</i>				Date <i>Jan. 5, 2001</i>	
Residence: City <i>Riverside</i>		State <i>CA</i>		Country <i>USA</i>	
Citizenship <i>USA</i>					
Mailing Address <i>Jordan NeuroScience</i>					
Mailing Address <i>399 East Highland Avenue, Suite 316</i>					
City <i>San Bernardino</i>		State <i>CA</i>		ZIP <i>92404</i>	
Country <i>USA</i>					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State		Country	
Citizenship					
Mailing Address					
Mailing Address					
City		State		ZIP	
Country					
<input type="checkbox"/> Additional Inventors are being named on _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 2)

FEE TRANSMITTAL

Electronic Version 1.1.0

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 740

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 19-2090



Deposit Account Name: Sheldon & Mak

Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Robert J. Rose

Electronic Signature Mark: /robertjrose/

Date Signed: 20021001

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 740

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 13	103	\$ 18	0	\$ 0
Independent Claims: 3	102	\$ 84	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0